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SL-9428

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No. 11141

42147

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN JERSEYVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 915 NO. GRAND AVE.		d. STREET ADDRESS 32 129 ANDREW AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last CALVIN W. JAMES		4. DATE OF DEATH Month Day Year 11/20/57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/8/06
9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FUNERAL DIRECTOR		10b. KIND OF BUSINESS OR INDUSTRY MORTUARY	
11. BIRTHPLACE (City and state or country) KETTNER, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY JAMES		13b. MOTHER'S MAIDEN NAME NATTIE BLADES	
14. NAME OF HUSBAND OR WIFE SCESNA H. JAMES		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	
16. SOCIAL SECURITY NO. 371 099 126		17. INFORMANT Address V.A. HOSP., 915 NO. GRAND AVE., ST. LOUIS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GLIOBLASTOMA OF BRAIN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INCREASED INTRACRANIAL PRESSURE		INTERVAL BETWEEN ONSET AND DEATH 2 years	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/15/57 to 11/20/57 and last saw him alive on 11/20/57 Death occurred at 2:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. H. Hammon M.D.	
22b. ADDRESS V.A.H. ST. LOUIS, MO.		22c. DATE SIGNED 11/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OF BURIAL OR CREMATION 11-22-57	
23c. LOCATION (City, town, or county) (State) Jefferson Bks Mo		23d. DATE RECD. BY LOCAL REG. NOV 21 1957	
24. FUNERAL DIRECTOR JACOBI BROS.		25. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

SIC

EMERGENCY

VA LECTURE

1200PM 10/11/70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Kenn Propp

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.